REQUEST FOR PATENT FEE REFUND 10/52730	
1 Date of Request: 2 Serial/Patent #	
3 Please refund the following fee(s):	4 PAPER 5 DATE NUMBER FILED 6 AMOUNT
Filing	\$
Amendment	\$
Extension of Time	\$
Notice of Appeal/Appeal	\$
Petition	\$
Issue	\$
Cert of Correction/Terminal Disc.	. \$
Maintenance	\$
Assignment	\$
Other	\$
	7 TOTAL AMOUNT OF REFUND \$
	8 TO BE REFUNDED BY:
10 REASON:	Treasury Check
Overpayment	Credit Deposit A/C #:
Duplicate Payment	9
No Fee Due (Explanation):	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME:	TITLE:
signature:	Repln. Ref: 0//25/2005 PKIDUELL 00125/4600 DAH:676184: Name/Humber:10527304 - C: 9204 \$250.00 CR
OFFICE: ************************************	
APPROVED:	DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B